

Arkansas State Board of Cosmetology
101 East Capitol, Suite 108
Little Rock, AR 72201
(501) 682-2168

APPLICATION FOR PRACTITIONER EXAMINATION

Please PRINT using blue or black ink. You must answer all questions.

If you have a disability and require accommodations in taking this examination, you must complete a "Request for Accommodation" form and submit with this application.

Type of examination you are applying for:

<input type="checkbox"/> Cosmetology		<input type="checkbox"/> Manicure		<input type="checkbox"/> Aesthetician		<input type="checkbox"/> Instructor		<input type="checkbox"/> Electrology	
First Name		Middle Name		Last Name		Social Security Number			
Address		City		State		Zip Code		Phone Number	
								()	
Date of Birth	Gender	Race							
	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Am. Indian <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Alaskan Native							
Beauty School Attended		Date training began		Date completed training		Total hours completed			
Have you ever been licensed in any phase of Cosmetology? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, Is the license current? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, what type of license? _____ If yes, in what State(s) were you licensed? _____									
Are you a first time applicant? <input type="checkbox"/> YES <input type="checkbox"/> NO If you answered NO, are you <input type="checkbox"/> applying to take ONLY the practical <input type="checkbox"/> applying to take ONLY the written <input type="checkbox"/> applying to take the written and practical		Written Examination Request: Will you be using an interpreter for the examination? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, list name of interpreter _____ Will you be taking the LaserGrade written examination? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, list date of examination _____							

This application must be completed in proper form and submitted with the \$30.00 examination fee.

By signing this application, I certify that the information provided above is true and accurate. Further, I understand that any false statements will be sufficient grounds for the Board to take disciplinary action.

Applicant's Signature	Today's Date
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DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY

Application Date _____	Exam Date _____	Receipt # _____
Written Score _____		Practical Score _____
Student ID # _____		Practitioner ID # _____
		License # _____